

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 04/21/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 04/24/2008						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAINM	21	12340	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SAS							
		11	422	CLIENT NOT ELIGIBLE ON SERVICE	18	13702	36877	23175
				DATE				
		191	220	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404904	WESTERN HIGHLAN	8505	3153	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		8800	234	FURTHER PROCESSING NECESSARY,	0	3590	9972	6382
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		5404	67	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404910	PATHWAYS	8800	250	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	105	DUPLICATE OF CLAIM-SYSTEM	1	625	7486	6861
		11	87	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CATAWBA COUNTYM	11	172	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	12	DETAIL NOT COVERED BY COMBINAT	0	209	3060	2851
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	10	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404913	MECKLENBURG COM	8800	1535	FURTHER PROCESSING NECESSARY,				
	ENTAL HEALT			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8326	331	ATTENDING PROVIDER NUMBER WAS	0	2087	7856	5769
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8518	52	*CLAIM DENIED. SUBMITTED BEYO				
				ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				
3404916	CROSSROADS BEHA	21	649	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							
		8800	58	FURTHER PROCESSING NECESSARY,	0	820	32952	32132
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		5404	43	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404917	CENTERPOINT HUM	8505	725	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		11	169	CLIENT NOT ELIGIBLE ON SERVICE	0	1210	3457	2247
				DATE				
		8599	116	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8800	1345	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8534	857	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED	0	3879	99139	95260
		79	594	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404920	ALAMANCE CASWEL L AREA MH D	8505	1960	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		79	136	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	2	2336	6780	4444
		8599	81	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8505	1005	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	185	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1304	1865	561
		8622	81	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404922	THE DURHAM CENT ER	21	44720	DUPLICATE OF CLAIM-SYSTEM				
		8800	331	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	45454	46453	999
		79	163	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404923	FIVE COUNTY MH	21	1620	DUPLICATE OF CLAIM-SYSTEM				
		8800	727	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2906	54140	51234
		79	237	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	981	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8518	363	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR	6	1750	5622	3872
		21	104	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	8800	128	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	123	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	3	524	1885	1361
		8599	106	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	11	75	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	77	92	15

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	215	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	97	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	401	1011	610
		8326	38	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404931	WAKE CO HUM SVC BILLING OF	8505	761	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	367	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	96	2676	10628	7952
		21	301	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	3807	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	175	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4147	4238	91
		8599	82	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONslow CARTERET BEHAV HEAL	8505	996	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	303	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2131	3813	1682
		8518	290	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	21	596	DUPLICATE OF CLAIM-SYSTEM				
		8508	65	CLAIM DENIED NO BUDGET FOUND	0	672	2836	2164
		8800	9	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404939	EAST CAROLINA B EHAVORIAL H	21	2141	DUPLICATE OF CLAIM-SYSTEM				
		8800	257	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2725	48682	45957
		11	74	CLIENT NOT ELIGIBLE ON SERVICE DATE				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS

NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	0
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA	8537	43	PROCEDURE IS NOT PAYABLE FOR Y				
	L HEALTH CE			OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
		8599	18	DETAIL NOT COVERED BY COMBINAT	0	129	804	675
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	16	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404944	EASTPOINTE HUMA	11	19	CLIENT NOT ELIGIBLE ON SERVICE				
	N SERVICES			DATE				
		8599	14	DETAIL NOT COVERED BY COMBINAT	0	35	987	952
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	1	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM	8505	204	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	59	FURTHER PROCESSING NECESSARY.	0	301	2441	2140
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8534	7	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER, OR THE NPI SUBMITTED				